



California State Athletic Commission
 2005 Evergreen St. Ste. 2010
 Sacramento, CA 95815
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



**Pro Debut Participant
 Information Sheet
 (May ONLY be completed by the trainer of record)**

Participant: _____ Age: _____ Height: _____ Male or Female: _____

Has the participant trained with the trainer completing this form from the beginning of training? Yes No If NO, with whom else did the participant train with and what is their contact information? _____

Weight as an amateur: _____ Weight at start of training: _____ Weight today: _____
 Weight for the proposed bout: _____ Date of bout: _____ Length of training: _____

Describe what type of training the participant underwent in preparation for this bout (Use back of page if necessary):

Cardiovascular (explain): _____

Bag work: (explain): _____

Sparring (include number of rounds and duration of rounds, who sparred with and when was the last sparring session) _____

Other: _____

Did the participant suffer any injury (in or out of the gym) during training? Yes No If YES, please explain in detail.
 (Use back of page if necessary): _____

<u>Amateur boxing record</u>		<u>Amateur martial arts record</u>	
Wins: _____	Wins by KO/TKO: _____	Kickboxing	Mixed Martial Arts
Losses: _____	Losses by KO/TKO: _____	Wins: _____	
		Wins by KO/TKO/Submissions: _____	
		Losses: _____	Losses by KO/TKO/Submissions: _____

If the participant's previous experience is in amateur boxing please detail their exact experience:

of Junior Olympic bouts: _____ # of Novice bouts: _____ # of Open bouts: _____

State other relevant information regarding the participant's ability to compete in combative sports to include providing documentation if available (Use back of page if necessary): _____

Was the participant ever a member of an organized combative sports organization such as USA Boxing or similar organization? Yes No If YES, please state the organization and when the participant last competed: _____

Participant Name: _____

Additional relevant information:

**YOU MAY BE REQUIRED TO UNDERGO AN ATHLETE SKILLS EVALUATION.
CHECK WITH THE COMMISSION IF THIS WILL APPLY TO YOU.**

If the participant was a member of an organized combative sports organization such as USA Boxing or similar organization please provide a copy of the passbook or record book.

If a copy of the passbook or record book is not available **DO NOT** complete this form until you are authorized to do so by the Commission. **Contact the Commission now.**

PARTICIPANT / TRAINER DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing **Pro Debut Participant Information Sheet** and that all the answers and information given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this sheet will constitute grounds for denying or revoking the license.

Participant:

Name	Signature	Date
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Trainer:

Name	Signature	Date
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December 2007-07